## Case 2:13-bk-50396 Doc 67 Filed 01/16/15 Entered 01/16/15 13:32:44 Desc Main Document Page 1 of 4

Fill	in this information t	o identify your c	ase:			1				
	otor 1	Bradley W. I								
_	otor 2 buse, if filing)									
	-	tcy Court for the	: SOUTHERN DISTRIC	CT OF OH	IO					
Cas	se number 2:1	3-bk-50396				Che	ck if this is:			
(If kr	nown)			_			An amende	d filing		
									post-petition chapte lowing date:	er
0	fficial Form	<u>B 6l</u>				Ī	ИМ / DD/ Y	YYY		
S	chedule I:	Your Inc	ome						12	/13
spo atta	use. If you are sep ch a separate shee	parated and you	r spouse is not filing w On the top of any additi	ith you, d	o not include informati	on abou	t your spo	use. If mor	re space is needed	
1.	Fill in your emplinformation.	oyment		Debtor	1		Debtor 2	or non-fili	ng spouse	
	If you have more		Employment status	■ Emp	oloyed		☐ Emplo	yed		a:  12/13 nsible for ut your s needed, ry question e
	attach a separate information about		Employment status	☐ Not	employed		☐ Not e	mployed		
	employers.		Occupation	autom	obile sales					
	Include part-time, self-employed wo		Employer's name	Lindsa	ay Honda					
	Occupation may i or homemaker, if		Employer's address		Scarborough Blvd lbus, OH 43232					
			How long employed t	here?	monthly commission/three years					
Pai	t 2: Give De	tails About Mor	nthly Income				_			
	mate monthly incouse unless you are		ate you file this form. If	you have	nothing to report for any	line, writ	e \$0 in the	space. Incl	ude your non-filing	
	u or your non-filing e space, attach a se		ore than one employer, co	ombine the	e information for all empl	oyers for	that perso	n on the line	es below. If you nee	ed
						For De	btor 1	For Debt	tor 2 or g spouse	
2	List monthly gro	oss wages, sala	ry, and commissions (b	efore all p	ayroll	9	838 71	¢	N/A	

deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

			non-fili	ng spouse
2.	\$	3,838.71	\$	N/A
3.	+\$ _	0.00	+\$	N/A
4.	\$_	3,838.71	\$	N/A

Official Form B 6I Schedule I: Your Income page 1

Deb	tor 1	Bradley W. Hansel			Case r	number (if known)	2:13-bk-50	396	
					For	Debtor 1	For Debtor		
	Cop	y line 4 here		4.	\$	3,838.71	\$	N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Secur	ity deductions	5a.	\$	1,005.40	\$	N/A	
	5b.	Mandatory contributions for reti	•	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retire	ement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement	ent fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance		5e.	\$	130.40	\$	N/A	
	5f.	Domestic support obligations		5f.	\$ <u> </u>	0.00	\$ \$	N/A	
	5g. 5h.	Union dues Other deductions. Specify: 401	(k)	5g. 5h.+	\$ <u></u>	76.74	+ \$	N/A N/A	
	011.	Health Savings Plan	(^)	_ 011.1	<u>\$</u> —	100.00	` \$ <del></del>	N/A	
6.	Add	I the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	<del>-</del> 6.	\$	1,312.54	\$	N/A	
7.		culate total monthly take-home pay	-	7.	\$ <del></del>	2,526.17	\$	N/A	
8.		all other income regularly received			Ť	2,020.17	<u> </u>	14/7	
0.	8a.	Net income from rental property profession, or farm							
		Attach a statement for each proper							
		receipts, ordinary and necessary b monthly net income.	usiness expenses, and the total	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends		8b.	<u>\$</u> —	0.00	\$	N/A	
	8c.		ou, a non-filing spouse, or a dependent						
		regularly receive	alattal assessment analysis and allowers						
		settlement, and property settlemen	child support, maintenance, divorce t.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation		8d.	<u>\$</u> —	0.00	\$	N/A	
	8e.	Social Security		8e.	\$	0.00	\$	N/A	
	8f.		alue (if known) of any non-cash assistance nps (benefits under the Supplemental		•	0.00	·	NI/A	
	8g.	Pension or retirement income		_ <sup>8f.</sup> 8g.	\$ <u> </u>	0.00	\$	N/A N/A	
	og.	r choich of retirement modifie	Regular contribution from	og.	Ψ	0.00	Ψ	IN/A	
	8h.	Other monthly income. Specify:		8h.+	\$ <u></u>	3,100.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	\$	3,100.00	\$	N/A	
10.		culate monthly income. Add line 7 - the entries in line 10 for Debtor 1 and		10. \$	5	5,626.17 + \$_	N/A	= \$	5,626.17
11.	Incl othe Do	ude contributions from an unmarried per friends or relatives. not include any amounts already inclu	the expenses that you list in Schedule partner, members of your household, your added in lines 2-10 or amounts that are not a	depend	-	•	ed in <i>Schedul</i>		
	Spe	cify:					11.	+\$	0.00
12.		e that amount on the Summary of Sc	ine 10 to the amount in line 11. The res hedules and Statistical Summary of Certai					\$	5,626.17
								Combine monthly	
13.	Do :	you expect an increase or decrease No.	e within the year after you file this form	?				<b>y</b>	

Yes. Explain: Girlfriend provides regular contribution to the household. Glouster, Ohio, property is vacant and receives no rental income; property will be surrendered. No changes anticipated.

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		ation to identify yo						
Deb	tor 1	Bradley W. H	lansel			Ch	eck if this is:  An amended filing	
Deb	tor 2						ū	wing post-petition chapter
(Spo	ouse, if filing)					_	13 expenses as of	
Unit	ed States Bank	kruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO	<u> </u>		MM / DD / YYYY	
Cas	e number 2	::13-bk-50396						r Debtor 2 because Debto
(If k	nown)						2 maintains a sepa	rate household
O	fficial Fo	orm B 6J						
		J: Your	_ Exper	nses				12/1:
Ве	as complete	and accurate as	possible	. If two married people ar				
nur	nber (if knov	wn). Answer eve	ry questio	n.				
Par		ribe Your House	ehold					
1.	Is this a joi							
	■ No. Go t		in a aanam	ata hawaahald?				
	⊔ Yes. Do	es Debtor 2 live	ın a separ	ate nousenoid?				
			st file a sep	parate Schedule J.				
2.	Do you hav	ve dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	s' names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
3.	Do vour ex	penses include	_	l Ni-			_	☐ Yes
0.	expenses of	of people other t		No Yes				
	yourself an	nd your depende	nts? □	165				
		nate Your Ongoi						
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
• •			non-cash	government assistance i	f vou know			
the		ch assistance an		cluded it on Schedule I: Y			Your exp	enses
4.		or home owners		nses for your residence. In or lot.	nclude first mortgage	4.	\$	0.00
		ded in line 4:	-					
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.		0.00
		e maintenance, re				4c.		25.00
_		eowner's associat				4d.	·	0.00
5.	Additional	mortgage payme	ents for vo	<b>our residence</b> , such as ho	me equity loans	5.	\$	0.00

Wilkinese   Sea.   Security	ebtor 1 Bradley W. Hansel	Case number (if known)	2:13-bk-50396
60. Water, sewer, garbage collection   60. \$   10.00	Utilities:		
Sec.   Telephone, call phone, Intermet, satellite, and cable services   6c.   \$   1.000	6a. Electricity, heat, natural gas	6a. \$	350.00
6d.   Chief. Specify: Direct TV cable/internet   6d.   \$   120.00     Cell phone (required for work)   \$   50.00     Trash pickup   \$   35.00     Clothing, laundry, and dry cleaning   9   \$   25.00     Personal care products and services   10   \$   0.00     Medical and dental expenses   11   \$   50.00     Medical and dental expenses   11   \$   50.00     Transportation, Include gas, maintenance, bus or train fare.   12   \$   300.00     Do not include car payments.   12   \$   300.00     Entertainment, clubs, recreation, newspapers, magazines, and books   13   \$   0.00     Insurance.   0.00   0.00     Insurance.   0.00   0.00     Trash pickup   0.00	6b. Water, sewer, garbage collection	6b. \$	100.00
Cell phone (required for work)   \$ 35.00     Transh pickup   \$ 35.00     Food and housekeeping supplies   7. \$ 256.17     Childcare and children's education costs   8. \$ 0.00     Christing, laundry, and dry cleaning   9. \$ 25.00     Personal care products and services   10. \$ 0.00     Personal care products and services   10. \$ 0.00     Medical and dental expenses   11. \$ 50.00     Transportation, include gas, maintenance, bus or train fare.   2. \$ 300.00     Charitable contributions and religious donations   12. \$ 300.00     Charitable contributions and religious donations   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Charitable contributions and religious donations   158. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, newspapers, magazines, and books   13. \$ 0.00     Intertainment, clubs, recreation, n	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	
Cell phone (required for work)   \$   \$   \$   \$   \$   \$   \$   \$   \$	6d. Other. Specify: Direct TV cable/internet	6d. \$	
Trash pickup Food and housekeeping supplies Childcare and children's education costs  8. \$ 0.00 Clothing, laundry, and dry cleaning 9. \$ 255.01 Personal care products and services 10. \$ 0.00 Medical and dental expenses 11. \$ 50.00 Medical and dental expenses 11. \$ 50.00 Transportation, include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. One of include taxes deducted from your pay or included in lines 4 or 20. 15d. One of your pay or included in lines 4 or 20. 15d. One of your pay or included in lines 4 or 5 of this form or on Schedule I: Your Income. 25d. One of your pay or your p			
Food and housekeeping supplies			
Childrare and children's education costs  Clothing, laundry, and dry cleaning  Personal care products and services  10. \$ 0.00  Medical and dental expenses  11. \$ 50.00  Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  Do not include insurance deducted from your pay or included in lines 4 or 20.  15b. Health insurance  15b. \$ 0.00  15b. Health insurance  15c. \$ 90.00  15d. Other insurance.  15d. Other insurance.  15d. Other insurance.  15d. Other insurance.  15d. S 0.00  17axes. Do not include laxes deducted from your pay or included in lines 4 or 20.  15c. Vehicle insurance.  15d. Other insurance.  15d. S 0.00  15d.			
Ciothing, laundry, and dry cleaning		·	
Personal care products and services			
Medical and dental expenses		·	
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00  Chartable contributions and religious donations  14. \$ 0.00  Insurance  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. S 0.00  15b. Health insurance  15b. \$ 0.00  15c. Vehicle insurance  15c. \$ 0.00  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Other insurance. Specify:  15d. Other insurance of the insurance of the insurance of the insurance of the insurance. Specify:  15d. Other Specify:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 1  17b. S 0.00  17b. Car payments for Vehicle 2  17c. Other, Specify:  17c. Other, Specify:  17c. Other, Specify:  17c. Other, Specify:  17c. Other payments of allmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6I).  18 S 0.00  19 Other payments you make to support others who do not live with you.  19 Other payments you make to support others who do not live with you.  20a. Specify:  20b. Real estate taxes  20c. S 0.00  20c. Property, homeowner's, or renter's insurance  20c. S 0.00  20c. Property, homeowner's, or renter's insurance  20c. S 0.00  20d. Maintenance, repair, and upkeep expenses  20d. S 0.00  20d. Maintenance, repair, and upkeep expenses  20d. S 0.00  20d. Maintenance, repair, and upkeep expenses  20d. S 0.00  20d. Maintenance, repair, and upkeep expenses  20d. S 0.00  20d. Other: Specify:  Vehicle maintenance  21 +\$ 0.00  22 \$ 0.00  23b. S 0.00  24c. S 0.00  25c. S 0.00  26c. Property, homeowner's association or condominium dues  26c. S 0.00  26d. Other specific in the income.  27c. S 0.00  28d. S 0.00  29d. Vehicle maintenance  29		·	
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15a. Life insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15b. Whice insurance 15b. S 90.00 15c. Vehicle insurance, Specify: 15d. S 90.00 15d. Other insurance, Specify: 15d. S 90.00 15d. Other insurance, Specify: 15d. S 90.00 15d. Other insurance 15b. S 90.00 15d. S 9		4 or 20	
15b. Health insurance			0.00
15c. Vehicle insurance   15c. \$   30.00   15d. Other insurance. Specify:			
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. \$ 0.00  Installment or lease payments:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. \$ 0.00  17c. Other. Specify: 17c. Other specify: 17c. Specify: 17			
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Specify:   16. \$   0.00     Installment or lease payments:   17a.   2   0.00     Transition   17a.   2   0.00     Transition   17a.   3   0.00     Transition   17b.   2   17c.   3   0.00     Transition   18.   18.   18.   0.00     Transition   18.   18.   18.   18.   18.     Transition   18.   18.   18.   18.   18.     Transition   18.   18.   18.   18.   18.     Transition   18.   18.   18.   18.   18.   18.   18.   18.   18.     Transition   18.   18	· · · · · · · · · · · · · · · · · · ·		0.00
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17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 17d. Other payments you make to support others who do not live with you. 19 19 19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10		170 ¢	0.00
17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other spayments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 17d. Other payments you make to support others who do not live with you. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 18d. Mortgages on other property		·	
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Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Specify:  19.  Other payments you make to support others who do not live with you.  Specify:  19.  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. S 0.00  20b. Real estate taxes  20b. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20c. \$ 0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  20e. Homeowner's association or condominium dues  20e. \$ 0.00  Other: Specify:  Vehicle maintenance  21. +\$ 100.00  Pet food, care  Your monthly expenses. Add lines 4 through 21.  The result is your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.			
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